THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

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| Cou | urt Name: | | | | | |
|-------|--|--------------|-------------------------|---------------------------|--------------------|--|
| Cas | se Name: | Estate c | Estate of | | | |
| | se Number: | | | | | |
| (ıf k | nown) | | PETITION FOR F | STATE ADMINISTR | ATION | |
| | | • | LITTONTONE | OTATE ADMINIOTA | Allon | |
| 1. | Petitioner Name | | | | Telephone | |
| | Mailing Address | | | | | |
| 2. | Petitioner | Name _ | | | Telephone | |
| | Mailing Ad | dress _ | | | | |
| 3. | Attorney Name | | | | Telephone | |
| | Mailing Ad | dress _ | | | | |
| 4. | Deceased | Name _ | | | _ Date of Death | |
| | Residence (street, city | | ity or town) | | | |
| 5. | Deceased | died: | ☐ With will | | | |
| 6. | Petitioner | was: | Named | ☐ Not named in will o | of the deceased. | |
| 7. | Petitioner asks to serve as: | | | Executor | Administrator | |
| | ☐ Ancillary Executor or Administrator | | ☐ Special Administrator | | | |
| | ☐ Administrator With Will Annexed | | ☐ Administrator De E | Bonis Non | | |
| 8. | If applicab | le, the nai | med executor or pre | vious administrator or ex | ecutor, | |
| | - | | of _ | | | |
| | cannot serve or continue to serve because | | | | | |
| | | | | | | |
| 9. | The petitio | ner is filin | g this petition pursua | ant to Waiver of Full Adm | ninistration under | |
| | RSA 553:3 | | Yes | ☐ No | | |
| 10. | IF WAIVER OF ADMINISTRATION OR ANCILLARY ADMINISTRATION, and if the deceased owned real estate in New Hampshire, list the location of the real estate. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Case | e Name: Estate of | | | | |
|------|---|--|--|--|--|
| | e Number: | | | | |
| PET | ITION FOR ESTATE ADMINISTRATION | | | | |
| 11. | The value of the estate of the deceased consists, as nearly as can be ascertained, of: Real Estate\$ | | | | |
| | Personal Estate\$ | | | | |
| | Total amount of Estate\$ | | | | |
| | The petitioner requests that administration be granted to | | | | |
| | of | | | | |
| | and that the following impartial appraiser be named to take an inventory and appraise the estate of the deceased. (Appraiser is not required under Waiver of Administration.) | | | | |
| | Appraiser NameOccupation | | | | |
| | Appraiser Address | | | | |
| | | | | | |
| Date | Petitioner Signature | | | | |
| | | | | | |
| Date | Petitioner Signature | | | | |
| | A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST ACCOMPANY THIS PETITION. | | | | |
| IF | DECEASED DIED WITH A WILL, THE ORIGINAL WILL MUST ACCOMPANY THIS PETITION. | | | | |
| | ORDER | | | | |
| | Petition for Waiver of Full Administration is granted; letters of appointment to be issued. | | | | |
| | Petition for administration is granted; letters of appointment to be issued. Prior to the issuance of said letters, the fiduciary is ordered to file with the court, within 30 days of this order, a fiduciary bond in the amount of \$ | | | | |
| Date | g Judge | | | | |
| | | | | | |